## GEORGETOWN / SCOTT COUNTY BUILDING INSPECTION DEPARTMENT

530 Bourbon Street, Georgetown, Kentucky 40324 • 502-863-9802 • Fax 502-863-9812

## COMMERCIAL BUILDING PERMIT APPLICATION & PLAN REVIEW DATA 502-863-9802 / Fax 502-863-9812

PERMIT FEE \$	_RECEIPT #	DATE	RE0	CEIVED BY	
OWNER:				PHONE: WOR	K
CONTACT:					ILE
ADDRESS:		CITY:		STATE:	ZIP:
GENERAL CONTRACTOR:				_ PHONE: WOR	K
CONTACT:				MOB	ILE
ADDRESS:		CITY:		STATE:	ZIP:
ARCHITECT/ENGINEER:				_ PHONE: WOR	K
CONTACT:				MOB	ILE
ADDRESS:		CITY:		STATE:	ZIP:
PROJECT LOCATION:				zo	NE:
SUBDIVISION:					
TYPE OF IMPROVEMENT (CHECK  NEW STRUCTURE   RENOVATE   MOVE		ADDITION DEMOLISH OTHER (SPECIFY)			
PROPOSED USE (CHECK):  A		TYPE OF CONSTRUCTION WHAT IS THE SQUARE FO		·	
		TOTAL NO. ROOMS:		_	
STRUCTURE IS TO BE: WIDTH:					
	:				

EXTERIOR FINISH:						DIS	POSAL	SYSTEM:
BRICK WOOD	SIDING OTHER	☐ ☐ (SPE	CIFY)				WER PTIC	☐ (SITE EVALUATION REQUIRED)
STEEL FRAME: TYPE?								
FOOTING:				FOUNDA	ATION:			
FOOTING SIZE _				")		BLOCK	WALL T	OTHER (SPECIFY)
BASEMENT:	BASEMI	ENT FOUN	DATION WALLS	S REQUIF	RE WATE			
BASEMENT BASEMENT FINI	SHED	YES   YES	NO □ NO □		PARTIA	L 🗆		
ARE CRAWL VENT LOCA IF ANSWER IS N		-	_		YES		NO	
GIRDER SIZE/TYPE					GIRDER	PIER/PO	OST SPA	CING
SILL PLATE FASTENER 1	TYPE:	BOLTS [	] (6 FT O.C.)		STRAPS	3 🗌 (3	1/2 FT O	.C.)
FLOOR: JOIST		□ т	RUSSES			SLAB		
						STEEL:		SIZE:
SECOND FLOOR: SIZE:_								SPACING:
FLOOR SHEATHING:	TYPE/TI	HICKNESS						
WALLS:								
STUD SIZE:	2 X 4 2 X 6 2 X 8			SPACIN		12" O.C. 16" O.C. 24" O.C.		
WALL SHEATHIN	NG:	TYPE/THI	CKNESS					
WINDOW AND DOOR HE	ADER S	ZE:						
2 X 10 🔲	2 X 12		THER (SPECIF	Y) 🗆 .				
WINDOWS:								
GLAZING IN A TU GLAZING LARGE DOUBLE GLAZIN	R THAN	9 SQ.' LO	CATED WITHIN	18" OF T	HE FLO			□ NO □

ROOF:

	GABLE FLAT			HIP OTHER	R   (SF	PECIFY	′)						
	ROOF TE	RUSSES:		YES	☐ (MU	IST BE	PRE-EN	SINEEREI	D)		NO		
CEILING	JOIST:						R	AFTERS:					
	:	2 X 4	SF	ACING:	12" O.C 16" O.C. 24" O.C.			SIZE:	2 X 6 2 X 8 2 X 10 2 X 12		SPACI	NG:	12" O.C.
	ROOF SI	HEATHING:	TYPE/	THICKNE	ss							_	
	ROOF CO	OVERING:											(FELT REQUIRED)
	WILL TH	ERE BE AT	TIC STORAC	GE.	YES		NO						
	ATTIC VE	ENT TYPES	AND LOCA	TIONS									
BATHR	OOMS:												
	MECHAN	NICAL VENT	s 🗆		WINDO	WS							
HEATIN	G SYSTE	iM:											
	GAS [	]	ELEC <sup>-</sup>	TRIC 🗌		OTHE	ER □	SPECIFY	")				
	LOCATIO		AWL SEMENT					G AREA					
INSULA	TION:												
	MOISTUR	RE VAPOR	RETARDER	REQUIRI	ED ON W	ARM II	N WINTER	R SIDE OF	INSULA	TED WA	ALLS.		
	WALLS		(MIN. R-1	3) FLOOF	RS		(MIN. F	R-19)	CEIL	.ING		(N	/IN. R-30)
NUMBE	R OF PAF	RKING SPA	CES:										
	OFFSTR	EET:		INSIDE	i:			OUTSI	DE:		_		
NOTES:													
				REVIEW	ED UNDE	R 2002	2 KENTU	CKY BUIL	DING CO	DE			
			sed work is a agent and we								ed by the	owne	r to make this
-				-		•							

CONTRACTOR LIST

APPLICANT'S SIGNATURE\_\_\_\_\_

DATE \_\_\_\_\_

CONTRACTOR	NAME & COMPANY	ADDRESS	PHONE
ELECRTIC			
PLUMBING			
FRAMING			
H.V.A.C.			
MASONRY			
CONCRETE			
ROOFING			
DRYWALL			
PAINTING			
FINISH CARPENTRY			
IRON SHEET METAL			
EXCATE GRADING			
TILE & FLOOR COVER			
OTHER			